



Mathew Rodriguez  
Agency Secretary  
Cal/EPA



## Department of Toxic Substances Control

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**ATTN: Office of Civil Rights**  
1001 "I" Street, 11<sup>th</sup> Floor  
P.O. Box 806  
Sacramento, California 95812-0806  
(916) 324-6546



Edmund G. Brown Jr  
Governor

### **The Department of Toxic Substances Control's Language and Communication Assistance Resolution Process**

If you feel we have been unable to serve you because of language (limited-English proficiency) or other communication differences, the Department may be able to provide additional language or communication assistance that will assist with accessing the information or services you have requested.

Please take the following steps to resolve your language or communication assistance needs:

You may either contact the State Personnel Board at their toll free telephone number (866) 889-3278 to leave a message or fill out the Communication Assistance Resolution Form.

Be prepared to provide the following information:

1. Customer's name (your name), address, and phone number or message number.
2. Date service was sought and location of service.
3. The language in which you need service.

DTSC will attempt to resolve your concern within (10) business days.



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# COMMUNICATION ASSISTANCE RESOLUTION FORM

PLEASE USE SEPARATE FORM FOR EACH COMPLAINT

PERSON FILING COMPLAINT:	LOCATION/OFFICE WHERE INCIDENT OCCURRED:
PRIMARY LANGUAGE SPOKEN:	PERSON WITH WHOM YOU DEALT:
ADDRESS: (NUMBER AND STREET)	DATE AND TIME OF INCIDENT:
CITY, STATE AND ZIP:	TELEPHONE NUMBERS(S): (INCLUDE AREA CODE)
TELEPHONE NUMBER: (8AM-5PM, INCLUDE AREA CODE)	DO YOU WANT TO REMAIN ANONYMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL ADDRESS:	<b>NOTE:</b> IF YOU WISH TO REMAIN ANONYMOUS, WE MAY NOT BE ABLE TO ADDRESS YOUR SPECIFIC ISSUE.

DESCRIBE YOUR COMPLAINT (Be specific-who, what, when, where, how):

**Mail this completed form to the address listed on the top of this form. We will make efforts to contact you within (10) business days of receiving this form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_